

MEN'S VIOLENCE AND SOCIETAL WELL-BEING IN SELECTED AFRICAN COUNTRIES

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INTRODUCTION

Generally, countries of Africa have lower levels of life expectancy at birth when compared to countries in Western Europe and North America (United Nations Development Programme - UNDP, 2007). Ninety percent of countries with the lowest life expectancy at birth in the world are in sub-Saharan Africa (African Union Commission - AUC, 2006). In a number of African countries life expectancy has been on the decline and premature mortality is high. Since life expectancy at birth and premature mortality are significant indicators of the well-being of a society, and access to quality medical, social and psychological services remains poor in many African countries, the overall well-being is an issue of grave concern.

Some of the major factors that contribute to the high burden of morbidity and mortality in Africa are HIV/AIDS, lower respiratory infections, diarrhoeal disease, and malaria (WHO, 2008). While it is important to remain attentive to the prevalence and dynamics of these leading causes of death in Africa, violence in its different forms should receive increased attention from national health authorities and public health experts in Africa.

Interpersonal violence and inter- and intra-state conflict have affected Africa more than any other continent. The African Development Bank (2008, p. xi), states that violent conflict has "exacted a heavy toll in terms of human suffering and lost development opportunities in Africa. ...Conflict also leads to income loss, destruction of infrastructure, and human and financial capital flight. Neighboring countries also bear substantial costs through conflict spillovers, pre-emptive defense expenditures, and catering for refugees". As far as interpersonal violence is concerned, only the low- and middle-income countries of the Americas have higher rates of homicides than Africa. However, more African children under the age of 5 die from homicides than children on any other continent. Needless to say, violence and war have consequences far beyond the body count and physical injuries of their direct victims. The loss for parents, communities and nations of its children, young men and women, the suffering caused by conflicts, the destruction of roads, homes, transport system and other infrastructure, and the reversion of development gains, is virtually incalculable.

This document presents a synopsis of our work looking at the extent and probable impact of violence and conflict on societal well-being in selected African countries. In view of the fact that the link between men's violence and societal well-being is usually implied rather than made explicit in public health, social science, and economic studies as well as national policies and projects in much of Africa, one aim of the work is to make the link plain.

The relationship between men's violence and societal well-being is considered from the perspective of masculinity. Masculinity is seen as a key factor in understanding men's violence towards women and other men yet one that is usually neglected in public health approaches (Anderson & Umberson 2001; Barker & Ricardo 2005; Mullaney 2007; Stevens 2008; Whitehead 2005). Violence is a crucial element in the construction of ruling African masculinity. Therefore, in societies where avenues for individual and social human development are limited, violence and abuse become even more central in men's strivings to be regarded as successful.

The main contribution we make is to bring together a number of proxy measures to

illuminate the possible presence of well-being or factors that challenge its burgeoning. Even though in any one country there will be specific factors that challenge the promotion of well-being among the population and for different persons, we concern ourselves here with violence and conflict.

The main concepts we draw from to assess the presence or absence of well-being in Africa are, first, human development as captured by the UNDP and, second, the concept of peace or safety as captured in the Global Peace Index (GPI). However, whilst the two measures assess well-being with and across various countries and make possible links between violence and well-being, there are undeniable gaps that will need more focused research and the development of measures. Given the health focus of our endeavour, we separated out rates of life expectancy (at birth) from the overall Human Development Index (HDI), as well as bring into our assessment of well-being rates of adult mortality within and across countries. In view of the focus on violence, rates of intentional injury, which are seen as indicative of a lack of a crucial aspect of well-being – lack of peacefulness or safety, or the level of the presence of unpleasantness – are also tabulated and put alongside the GPI to provide a fuller picture of peacefulness and safety.

HOW DIFFERENT AFRICAN COUNTRIES MEASURE UP? ASSESSING SOCIETAL WELL-BEING IN SELECTED COUNTRIES IN RELATION TO VIOLENCE

The 2007/2008 UNDP Human Development Report, which recorded data from 179 countries, showed that only three African countries have a high HDI value and all expect one of the countries in the middle and low HDI clusters are located in Africa (Table 1). A HDI value below 0.5 is considered to represent "low development" and a HDI of 0.8 or more is considered to represent "high development".

In explaining the levels of development in different part of the world the UNDP (2009) has suggested that societal development, and thus levels of well-being, in African countries has lagged behind that in other parts of the world because of economic reversals and the catastrophic effect of HIV/AIDS. Insufficient resources, weak and uncoordinated policies and policy-implementation, and violent conflict are also been fingered as having played a part in slowing down development progress and reducing levels of well-being.

Our work seems to support all these explanations, but also arrives at some unexpected findings. As was expected, countries which had the highest life expectancy and lowest adult mortality rates were generally the same countries that had the highest HDI values, and vice versa. For example, the Libyan Arab Jamahiriya, which had the highest HDI rank in Africa, had one of the highest life expectancy and lowest adult mortality rate: specifically the 3rd highest life expectancy at birth and the 4th lowest adult mortality rate in Africa.

However, Eritrea with a low HDI ranking of 36 in Africa and 164 in the world had the 10th highest life expectancy at birth and the 11th lowest adult mortality rate on the continent. Gambia, ranked 32nd in Africa and 160th globally had a relatively favourable life expectancy of 59 (as compared to Angola, Uganda, and Lesotho which had a higher HDI value) and low adult mortality rate of 278 per 100 000 (compared to Namibia and

Kenya, which are ranked higher on the HDI). South Africa offers the most instructive of cases. It has the largest economy in Africa. But in terms of human development, South Africa ranks below countries with much smaller economies, such as Equatorial Guinea and Algeria. As such South Africa's ranking indicates the disconnect that may arise between national income and societal well-being apparent in many African countries that warrants further investigations and different sorts of interventions.

Unanticipated findings were also discovered when examining life expectancy at birth in relation to life expectancy between 15 and 60 (that is, adult mortality rate) because, it was reasoned, each of them has to be considered as individually indicative of the health of the population of a country and thus of level of development. The expectation was that countries ranked low on the HDI rankings must logically have low life expectancy at birth as well as elevated rates of adult mortality. From the measures used, it is apparent that this is not always the case. Countries which were placed low in the latest global and African HDI country rankings (such as Mali [168th and 40th respectively], Mozambique [175th and 47th] and Liberia [176th and 48th] have life expectancies at birth of under 50 years, as expected. However, these countries are shown to have quite different rates of adult mortality. Mali's life expectancy at birth is 49 years and its adult mortality rate is 427/100 000. In contrast, even though Mozambique's life expectancy at birth is close to Mali's at 48 years, its adult mortality rate is higher (477/100 000). And while Liberia's life expectancy at birth is similar to the other two countries' at 49 years, its adult mortality rate falls in between that of Mali and Mozambique's at 457/100 000.

Such unpredicted findings suggest other explanations for the high life expectancy and low adult mortality rates beyond national income. These unexpected findings would not have been evident had we not considered rates of adult mortality in addition to the HDI in assessing countries.

Three possible alternative explanations can be offered. First, what these findings suggest is that while poorer than countries such as Angola and Kenya (as indicated by the HDI), a country like Gambia may be paying more attention to health-related well-being (as indicated by rates of adult mortality and life expectancy at birth) and does not have as high levels of violence as the other countries (the more direct measures of which we turn to below).

The second explanation may have to do with the quality of the data from different countries on all or specific variables under examination. It may be that the reliability of the data for the different countries is open to question and should be treated with caution.

Lastly, it is possible that there is a shortcoming in relation to the measures themselves. Even though the UNDP (2008) has claimed that the HDI attempts to look beyond gross domestic product to a broader definition of well-being and uses a range of indicators, it may still have glaring shortcomings. The question is, does the construct of development as operationalised in the HDI by the UNDP neglect some critical contextual factors in African countries (such as the respect for human rights, levels of violence against women, and socio-economic inequality within a country)? If these three factors are deemed important considerations in assessing well-being, the HDI is not equal to the task of fully assessing levels of well-being in African countries. Although there are other important factors that the HDI overlooks, these contextual factors are likely to have a bearing on HDI rankings and values were they to be factored into the calculations of the HDI. At the moment, the neglect of critical contextual factors results in unexpected and inconsistent findings on measures of health and quality of life.

Turning to the GPI, the latest Index shows that in Africa the most peaceful country in 2009, ranked 34th in the world, is Botswana. The least peaceful are the Democratic Republic of Congo (ranked at number 139 in the world), Sudan (140) and Somalia (142). Other African countries that feature high in the top 50 of the global GPI are Tunisia (44), Libya (46), and Malawi (47). While the positions of Tunisia and Libya on

the GPI are consistent with their position on the HDI, Botswana and Malawi are less so. Given the relatively high rates of adult mortality and low life expectancy at birth in Botswana and Malawi, one possible conclusion to make is that peacefulness and safety as conceived by the GPI have no direct bearing with whether or not one lives to a healthy old age. What good is peacefulness and safety of a country if many of its citizens will not live long enough to enjoy that security and tranquillity?

These contradictions notwithstanding, Botswana's high position is in sharp contrast to that of its neighbouring states of South Africa (123 out of 144 countries of the world) and Zimbabwe (134). The two countries have been singled out in the GPI report as among the world's least peaceful societies. Zimbabwe was one of the worst performers on the following indicators: level of organised internal conflict, respect for human rights, relations with neighbouring countries, perceptions of criminality in society, ease of access to weapons of minor destruction, political instability, level of violent crime, and likelihood of violent demonstrations (Vision of humanity, 2009). It received a score 4 and worse on all of these, where 1 is most peaceful and 5 least peaceful. South Africa performed as unfavourably as Zimbabwe – receiving scores of 4 or worse – on all of the same indicators, except on respect for human rights and relations with neighbouring countries. South Africa also received the worst possible score (5) on number of homicides per 100 000 people and a score of 4 on military capability/sophistication. Along with Madagascar, South Africa is cited as one of the five countries (other being the non-African countries of Mexico, Latvia and Yemen) which experienced the greatest deterioration in peacefulness (Vision of humanity, 2007-2009). South Africa descended in rank from 99 of 121 countries in 2007, to 116 out of 140 countries in 2008, to its current rank (123 of 144 countries); Madagascar moved from 41 out of 121 countries in 2007, to 43 out of 140 countries in 2008, to its current rank of 72 from 144 countries. In sum, all the countries which have had the biggest falls in peacefulness are either racked by violent protests, political instability, threats of terrorist attacks, increased level of criminal violence, currency crisis, or drug wars (Vision of humanity, 2009).

What the GPI offers us when considered in light of the HDI are those indicators that the latter neglects even though they apparently have an impact on well-being. In short, to think of development without considering a country's peaceful and safety is curious.

What the HDI offers us when examined in relation to the GPI are those measures that the latter glosses over but that surely have a determinative impact on the peacefulness of countries and societal safety. In our analysis, an instrument that aims to assess societal safety and country's peacefulness yet overlooks significant indicators of health, like premature adult mortality, has a grave shortcoming.

Regardless of their limitations though, the GPI and the HDI offer us a start in analysing and working towards societal well-being in African countries. It is important to underline the fact that the two indices and the additional measures employed here are proxies of the approximate levels of well-being and the links between well-being and violence as denoted by what are argued to be revealing indicators of direct and structural violence and their outcomes. These proxies are considered to act as beacons signalling the levels of well-being and the possible intersection between violence or peace and a society's well-being. The utility of these values is that it also allows for a comparison to be made between countries in the region. All that said, it is clear that the GPI and HDI have significant limitations, even if they are the best available approximations. They have to be supplemented by other data, as we have tried to.

WELL-BEING, MASCULINITY AND VIOLENCE

The measures of human development and peacefulness utilised in the examination of well-being within and across different African countries suggest that men's violence may have a direct and indirect impact on not only the lives of those immediately involved but also on the general well-being of the population in a country. As expected, countries such as Kenya, Côte d'Ivoire, South Africa, Zimbabwe, Chad, and the Sudan which ranked low on the latest GPI or had the fallen down in their ranking on peacefulness and

TABLE 1. UNDP HDI RANK AND VALUE, LIFE EXPECTANCY AT BIRTH, AND RATES OF ADULT MORTALITY FOR SELECTED AFRICAN COUNTRIES

UNITED NATIONS HUMAN DEVELOPMENT INDEX VALUE, 2006 (UNDP, 2008)			LIFE EXPECTANCY AT BIRTH, 2007 (WHO, 2009)			ADULT MORTALITY RATE (PROBABILITY OF DYING BETWEEN 15 TO 60 YEAR PER 100 000 POPULATION) BOTH SEXES (WHOSIS, 2006)			
NO. ¹	GLOBAL HDI RANK	COUNTRY	HDI VALUE	NO. ²	LIFE EXPECTANCY AT BIRTH (YEARS)	COUNTRY	NO. ³	ADULT MORTALITY RATE/100 000	COUNTRY
1	52	Libyan Arab Jamahiriya	0.840	1	74	Tunisia	1	119	Morocco
2	54	Seychelles	0.836	2	73	Mauritius	2	135	Algeria
3	74	Mauritius	0.802	3	72	Libyan Arab Jamahiriya	3	136	Tunisia
4	95	Tunisia	0.762	3	72	Morocco	4	146	Libyan Arab Jamahiriya
5	100	Algeria	0.748	5	71	Seychelles	5	161	Mauritius
6	107	Gabon	0.729	5	71	Algeria	6	174	Seychelles
7	115	Equatorial Guinea	0.717	7	70	Cape Verde	7	186	Egypt
8	116	Egypt	0.716	8	68	Egypt	8	214	Comoros
9	118	Cape Verde	0.705	9	65	Comoros	9	230	Cape Verde
10	125	South Africa	0.670	10	63	Eritrea	10	241	Sao Tome and Principe

¹ Countries ordered in terms of rank and value (from highest to lowest); ² Countries ordered from highest life expectancy to lowest; ³ Countries ranked from lowest adult mortality to highest.

TABLE 2. GLOBAL PEACE INDEX RANKING AND SCORE, AND RATES OF INTENTIONAL INJURY OF SELECTED AFRICAN COUNTRIES

GLOBAL PEACE INDEX RANKING, 2009 (VISION OF HUMANITY, 2008)			Intentional Injuries: Age-Standardized Death Rates per 100 000, 2002 (WHO, 2004)									
NO. ¹	GLOBAL RANK	COUNTRY	SCORE	NO. ²	SELF-INFLICTED INJURIES	COUNTRY	NO. ²	VIOLENCE	COUNTRY	NO. ²	WAR	COUNTRY
1	34	Botswana	1.643	1	15.3	Côte d'Ivoire	1	60.7	Sierra Leone	1	193.6	Burundi
2	44	Tunisia	1.698	2	13.6	Sierra Leone	2	51.1	Angola	2	130.2	Congo, Dem. Rep. of
3	46	Libyan Arab Jamahiriya	1.710	3	13.1	Central African Republic	3	45.6	South Africa	3	112	Somalia
4	47	Malawi	1.711	4	12.6	South Africa	4	41.6	Liberia	4	91.8	Liberia
5	51	Gabon	1.758	5	11.9	Angola	5	38.6	Somalia	5	57.9	Sudan
6	52	Ghana	1.761	6	11.4	Mauritius	6	33.2	Côte d'Ivoire	6	52.6	Congo, Republic
7	53	Mozambique	1.765	7	11.0	Malawi	7	33.1	Sudan	7	43.9	Uganda
8	54	Egypt	1.773	8	10.8	Rwanda	8	32.6	Namibia	8	33.8	Zimbabwe
9	58	Zambia	1.779	8	10.8	Burundi	9	29.6	Guinea	9	32.3	Côte d'Ivoire
10	59	Tanzania	1.798	10	10.2	Seychelles	10	28.8	Nigeria	10	19.0	Angola

¹ Countries ranked from most peaceful downward; ² Countries ranked from the most unfavourable rates upward.



safety, are the same countries which had experienced some form of violence or threat to peacefulness (Vision of humanity, 2009).

How is the violence or threat to peacefulness to be explained? Certain forms of masculinity pose a serious threat not only to the lives of individual women and men who find themselves victims of collective and interpersonal violence. Aggressive masculinities are ultimately harmful to the well-being of countries. Such masculinities are harmful to societies in that the aggression is directed against everyone, females and males. It is also clear that masculinities are implicated in that whereas females tend to be victimised by males' physical and sexual violence, it is males who tend to be disproportionately involved in interpersonal violence and war as perpetrators besides being victims too. In 2000, "males accounted for 77% of all homicides and had rates that were more than three times those of females (13.6 and 4.0, respectively, per 100 000). The highest rates of homicide in the world are found among males aged 15–29 years (19.4 per 100 000), followed closely by males aged 30–44 years (18.7 per 100 000)" (Krug et al., 2002, p. 10). In Africa, the estimated age-standardized male mortality caused by homicide in 2000 was 33.4 per 100 000 (or 82 000 males) whereas the estimated age-standardized female mortality caused by homicide was 11.8 per 100 000 (or 34 000) (Krug et al., 2002). 122 000 males and 45 000 females were estimated to have died from war-related injuries in Africa in 2000.

War, which often includes sexual violence as a weapon, and interpersonal violence which covers intimate partner and sexual violence against non-intimates, are pivotal practices in perpetuating gender inequality and male-male inequality. Thus, war and violence become critical in the definition of certain manhoods since hostile, controlling and coercive behaviours of men towards women and other men are perceived as acceptable in predominant forms of masculinity (Boonzaier & de la Rey 2003; Redpath et al., 2008; Seedat et al., 2009).

Without losing sight of the good contributions men around have made to the world and in Africa, "much of what is bad in the world, from genocide to terrorism, and including interpersonal violence, is essentially the product of men and some of their masculinities" (DeKeseredy & Schwartz, 2005, p. 353). This has to do with, amongst other things, the fact that traditional notions of masculinities globally and in Africa are closely associated with weaponry (firearms, swords, spears, knives, stones and rocks, for example) and its uses in interpersonal violence, just as much as masculinity is associated with weaponry (military aircraft, tanks, bombs, poison gas, and so forth) and its uses in inter-national and civil conflicts. Besides the domination of women, sexual prowess, leadership, and money, ruling ideas of manhood in many societies are usually based on a show of muscles and pluck (Luyt, 2005), more than attentiveness to others, openness to the world, and readiness to admit wrongness.

Masculinity as competitiveness, strength and heroism readily translates into privileging of a willingness to go to war and be violent (Seedat et al., 2009). Male violence against females and other males functions not just instrumentally but more often expressively: to assert men's ideas about their own manhood to others and prevail over them

(DeKeseredy & Schwartz, 2005). Studies have shown that there is a mutual association between militaristic values and traditionally dominant forms of masculinity. The valorisation of militarism is an important part of ruling ideologies of idealised manhood globally and in Africa. At the same time militarism feeds into ideologies of masculinity through the privileging of aggressiveness, cruelty, stoicism, risk-taking and suppression of empathy for others' pain (Cock, 1993; Gill, 1997; Higate & Hopton, 2005; Nagel, 1998; Sasson-Levy, 2002).

CONCLUSION

While the costs of injury to and loss of life of the direct victims of collective and interpersonal violence are obvious, we wanted to show that men's violence, which is associated with prevalent forms of masculinity, is an under-appreciated threat to the well-being of African countries. We brought together a number of proxies to assess the approximate levels of well-being or factors that challenge its burgeoning. Violence was singled out as a crucial factor that challenges the development of societal well-being.

The lack of comparable data for many countries in Africa is a serious draw-back for anyone who aims to examine within-country and cross-country comparisons of levels of well-being. The importance of adequate reliable data for any public health policy and development planning cannot be over-estimated. The lack of quality data is itself a possible indication of the unmet informational needs for many people in several African countries. In the event, we pulled together two available tools to enable us to assess the levels of well-being in Africa: the UNDP's HDI and the Institute for Economics and Peace's GPI. Given the focus of our endeavour, we decided to separate out rates of life expectancy (at birth) from the overall HDI, as well as bring into our assessment of well-being rates of adult mortality. Furthermore, we drew in to the assessment of the links between well-being and violence rates of intentional injury for different countries, which are seen as indicative of lack of well-being or presence of unpleasantness.

The tools used show that in many countries of Africa violence has an impact on well-being. Thus, there is a demand to have increased recognition of the ill-effects of all forms of violence on the well-being of a country, not only on the direct victims of violence. At the same time, whilst the two measures and the additional information used here enable us to make a rough approximation of the level of well-being and to make some links between violence and well-being there clearly are crucial gaps. To close these gaps will need funding by governments and business so that locally-based empirical research and the development of measures and programmes into development and well-being can be pursued.

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REFERENCES

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